

West Harpswell School Use Form

Responsible Party: _____

Is this a: ☐ Non-profit ☐ For Profit ☐ Corporation

Mailing Address: _____

Contact Name: _____

Contact Phone Number(s): _____ Email: _____

Identify Space and Utilities Needed (Areas of the Building and Specific Rooms for Which Use is Requested):

Proposed Activity or Activities: _____

Estimated number of people to attend _____

Time Period for which use is requested. Include day(s) of the week and hour(s) of the day:

One-time event: _____

On-going use: _____

Name specific person responsible for opening and closing the building: _____

Name specific person responsible for cleaning the area used: _____

INSURANCE REQUIREMENTS: General Liability Insurance coverage required in the amount of \$400,000 with the Town named as additional insured. Company name, policy number and certificate of coverage will be required upon approval.

The Town of Harpswell shall be held free and harmless from any liability for accidents, personal injuries and damage to property caused by the activities and/or participants in this event.

A fee, as established by the Board of Selectmen, may apply.

[] I have received a copy of the Policy for Interim Use of the West Harpswell School.

Signature of Applicant _____ **Date** _____

Request: Approved [] Disapproved [] Group Notified [] Proof of Insurance []

By _____ Date _____